

BORROWER FINANCIAL INFORMATION

LOAN # _____

BORROWER				CO-BORROWER			
BORROWER'S NAME		DATE OF BIRTH		CO-BORROWER'S NAME		DATE OF BIRTH	
SOCIAL SECURITY #	HOME PHONE #	WORK PHONE #		SOCIAL SECURITY #	HOME PHONE #	WORK PHONE #	
MAILING ADDRESS				PROPERTY ADDRESS			
Do you occupy the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is it a Rental? <input type="checkbox"/> Yes <input type="checkbox"/> No		If So, What is monthly rental income?			
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, with whom?				Agent's Name:			
Have you contacted your credit counseling services for help? <input type="checkbox"/> Yes <input type="checkbox"/> No				Agent's Phone:			
Do you pay Real Estate Taxes? (outside of mortgage payments) <input type="checkbox"/> Yes <input type="checkbox"/> No				Counseling Representative:			
				Counseling Rep's Phone:			
Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Chapter 7 <input type="checkbox"/> Chapter 13 <input type="checkbox"/>	Filing Date:	Attorney's Name:			Are there other liens on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Attorney's Phone:				
EMPLOYMENT							
EMPLOYER: BORROWER		HOW LONG?		EMPLOYER: CO-BORROWER		HOW LONG?	
Monthly Income - Borrower				Monthly Income - Co-Borrower			
Wages	\$			Wages	\$		
Unemployment Income	\$			Unemployment Income	\$		
Child Support / Alimony	\$			Child Support / Alimony	\$		
Disability Income	\$			Disability Income	\$		
Rents Received	\$			Rents Received	\$		
Other	\$			Other	\$		
Less: Federal and State Tax, FICA	\$			Less: Federal and State Tax, FICA	\$		
Less: Other Deductions (401K, etc.)	\$			Less: Other Deductions (401K, etc.)	\$		
Total	\$			Total	\$		
Monthly Expenses				Assets			
Other Mortgages / Liens	\$			Type		Estimated Value	
Auto Loan(s)	\$			Home		\$	
Auto Expenses / Insurance	\$			Other Real Estate	#	\$	
Credit Cards / Installment Loan(s)	\$			Checking Account(s)		\$	
Health Insurance	\$			Saving / Money Market		\$	
Medical	\$			Cars	#	\$	
Child Care / Support / Alimony	\$			IRA / Keogh Accounts		\$	
Food / Spending Money	\$			401k / ESPO Accounts		\$	
Water / Sewer / Utilities / Phone	\$			Stocks / Bonds / CDs		\$	
Other	\$			Other		\$	
Total	\$			Total		\$	

*Please briefly explain your hardship or reason for being delinquent: _____

"I agree as follows: My lender may discuss, obtain and share information about my mortgage and personal financial situation with third parties such as purchasers, real estate brokers, insurers, financial institutions, creditors and credit bureaus. Discussions and negotiations of a possible foreclosure alternative will not constitute a waiver of or defense to my lender's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. The information herein is an accurate statement of my financial status."

Submitted this _____ day of _____

By _____ Date _____
Signature of Borrower

By _____ Date _____
Signature of Borrower

Before mailing, make sure you have signed and dated the form and attach a copy of your most recent paystub and bank statement(s) of your checking and/or savings account to it.